



## POLLUTION PREVENTION PROGRAM CERTIFICATION APPLICATION

Sponsored by the City of Albuquerque  
Water Utility/Wastewater Utility Division  
Pollution Prevention (p2) Program

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**How many years at present location:** \_\_\_\_\_ **Business Contact:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Business Type:**

(check all  
that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Commercial Printing          | <input type="checkbox"/> Circuit Board Manufacturing |
| <input type="checkbox"/> Electroplating               | <input type="checkbox"/> Jewelry Manufacturing       |
| <input type="checkbox"/> Medical Practice             | <input type="checkbox"/> Dental Practice             |
| <input type="checkbox"/> Commercial/Photo Lab         | <input type="checkbox"/> Laboratory                  |
| <input type="checkbox"/> Other, please identify _____ |  |

**Processing Type:**

(Check all  
that apply)

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Color Film & Paper            | <input type="checkbox"/> Pickling        | <input type="checkbox"/> Lithography  |
| <input type="checkbox"/> Medical/Dental X-Ray          | <input type="checkbox"/> Casting         | <input type="checkbox"/> Flexography  |
| <input type="checkbox"/> Non-Destructive Testing X-Ray | <input type="checkbox"/> Polishing       | <input type="checkbox"/> Letter Press |
| <input type="checkbox"/> Research Radiography          | <input type="checkbox"/> Electroplating  | <input type="checkbox"/> Gravure      |
| <input type="checkbox"/> B & W Film & Paper            | <input type="checkbox"/> Screen Printing |                                       |
| <input type="checkbox"/> Other _____                   |  |                                       |

### POLLUTION PREVENTION PRACTICES

1. Has your business substituted any chemical for a less toxic or non-toxic replacement? Has your business implemented an procedure or equipment modification resulting in reduction of potentially toxic substances in wastewater discharge? If so please list:

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2. Has your business implemented any program(s) that deal with improved housekeeping, maintenance, training, or chemical inventory control? If so please list:

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3. Please estimate how much waste or by-products are generated from your business's final process, and what your business does to dispose/reclaim this waste or by-product:

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**POLLUTION PREVENTION PROGRAM  
CERTIFICATION AGREEMENT**

I understand that certification in the Pollution Prevention (p2) Program requires this business to adhere to the following criteria:

- A. The business agrees to implement where feasible best management practices involving wastewaters and other wastes generated according to the principles appropriate for the type of business. Industry specific written Codes of Practice have been or will be developed with the help of businesses and be in accordance with national or local regulations. This is intended to be a voluntary compliance program insofar as legally permissible.
- B. The business agrees to maintain operating records documenting the amounts of wastes and/or by-products and their associated disposals, where applicable. Manifests of waste hauling (e.g. hazardous wastes) shall be kept on file if used.
- C. Businesses that do not ship wastes agree to document and maintain appropriate pretreatment equipment and/or methods including recycling and reclamation where feasible.
- D. It is understood that at least one annual survey(s), involving a site visit including questions about process and waste management, will be conducted for continuing certification and recognition in the Program. Wastewater samples may be taken where appropriate to check for good performance and maintenance of equipment. In cases of poor results, the business agrees to remedy problems to the extent feasible and especially to meet local limits where applicable.
- E. The overall goal of the Program will be for the City to maintain compliance with its discharge to the Rio Grande. Formal discharge regulation via discharge permits issued by the City's Wastewater Pretreatment Program will be utilized only where legally required or for those parameters where the City determines a potential violation of the discharge to the Rio Grande.
- F. The business agrees that the information provided by the program, and is at the request of the business, is non-binding and as such the City assumes no liability whatsoever insofar as the information provided.

I believe that the information herein is true, accurate, and complete; and we agree with the above items:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Mail or fax this agreement to:**

Water Utility  
Wastewater Division – p2 Program  
4201 Second Street SW  
Albuquerque, NM 87105  
(505) 873-7058 or 873-7059  
Fax (505) 873-6975

Visit our web site at [www.cabq.gov/p2](http://www.cabq.gov/p2)

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